

RECEIVED
CENTRAL FAX CENTER
JUL 16 2007



Fax

Attention: Group Art Unit: 1745	From: Travis Dodd
Fax: 571-273-8300	Fax: 818-833-2065
Phone:	Phone: 818-833-2014
Company: U.S. Patent and Trademark Office	Company: Quallion LLC
	Pages: Total of (12) Pages
Re: Application Serial No.: 10/820,955 Title: BATTERY CONNECTION STRUCTURE AND METHOD Filed: April 7, 2004 Examiner: WILLS, Monique Group Art Unit: 1745 Attorney Docket No.: Q207-US1	Date: July 16, 2007

☐ Urgent ☒ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

If you have any questions or did not receive this transmission in its entirety, please call (818) 833-2000, extension 2014.

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

I hereby certify that the following documents are being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on July 16, 2007:

Amendment Transmittal Letter (2 pages)
Fee Transmittal (in duplicate) (2 pages)
Amendment (7 pages)

Lisa K. Robbins
(Name of Person Signing Certificate)

(Signature)

Quallion LLC


PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

NOTICE: This message is confidential, may be legally privileged, and is for the intended recipient only. Access, disclosure, copying, distribution, or reliance on any of it by anyone else is prohibited and may be a criminal offense. If it has been sent to you in error, please advise the sender of the error and immediately destroy this message.

PAGE 1/12 * RCVD AT 7/16/2007 6:53:57 PM [Eastern Daylight Time] * SVR:USPTO-EFAX-5/12 * DNIS:2738300 * CSID:8188332065 * DURATION (mm:ss):01:46

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/820,955
		Filing Date	April 7, 2004
		First Named Inventor	Berg, Paul et al.
		Group Art Unit	1745
		Examiner Name	Wills, Monique
Total Number of Pages in This Submission		Attorney Docket Number	Q207-US1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers <i>(for an Application)</i> Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> Proprietary Information Status Letter Other Enclosure(s) <i>(please identify below):</i> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

Customer Number or Bar Code Label	31815 <i>(Insert Customer No. or Attach bar code label here)</i>
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.	
Respectfully submitted,	
Dated: 7/16/2007 Phone: (818) 833-2003 Fax: (818) 833-2065	By:  Travis Dodd Attorneys for Applicant(s) P.O. Box 923127 Sylmar, CA 91392-3127

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this _____ date: _____			
Typed or printed name	TRAVIS DODD		
Signature		Date	

JUL 16 2007

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/820,955
		Filing Date	April 7, 2004
		First Named Inventor	Berg, Paul et al.
		Group Art Unit	1745
		Examiner Name	Wills, Monique
Total Number of Pages in This Submission		Attorney Docket Number	Q207-US1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks: _____		

Customer Number or Bar Code Label

31815

(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 7/16/2007

 Phone: (818) 833-2003
 Fax: (818) 833-2065

By: _____

 Travis Dodd
 Attorneys for Applicant(s)
 P.O. Box 923127
 Sylmar, CA 91392-3127

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this _____ date: _____			
Typed or printed name	TRAVIS DODD		
Signature		Date	

RECEIVED
CENTRAL FAX CENTER

JUL 16 2007

FEE TRANSMITTAL

Attorney Docket No.	Q207-US1
First Named Inventor:	BERG, Paul et al.
Application Number	10/820,955
Filing Date:	April 7, 2004
Examiner Name:	1745
Group/Art Unit:	Wills, Monique

TOTAL AMOUNT OF PAYMENT:	\$.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other - Credit Card


2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$300.00	\$150.00	\$0.00
Total Claims	24 - 26 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	4 - 5 =	0	X \$200.00	X \$100.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$360.00	\$180.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 350.00	\$ 175.00	\$0.00
Reissue filing fee	\$ 790.00	\$ 395.00	\$0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	7/16/2007

RECEIVED
CENTRAL FAX CENTER

JUL 16 2007

FEE TRANSMITTAL

Attorney Docket No.	Q207-US1
First Named Inventor:	BERG, Paul et al.
Application Number	10/820,955
Filing Date:	April 7, 2004
Examiner Name:	1745
Group/Art Unit:	Wills, Monique

TOTAL AMOUNT OF PAYMENT:	\$.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other - Credit Card


2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$300.00	\$150.00	\$0.00
Total Claims	24 - 26 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	4 - 5 =	0	X \$200.00	X \$100.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$360.00	\$180.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 350.00	\$ 175.00	\$0.00
Reissue filing fee	\$ 790.00	\$ 395.00	\$0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	7/16/2007